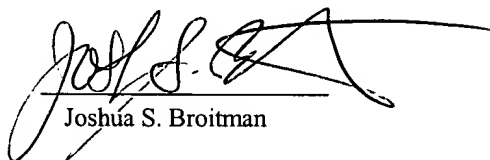


CWD-5016

CERTIFICATE OF MAILING

The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.

February 3, 2004  
Date

  
Joshua S. Broitman

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicants :** Gunter A. Gallas et al. **Group Art Unit:** 6713  
**Serial No. :** 09/876,156 **Examiner:** BENENSON, Boris  
**Filed :** June 8, 2001  
**Title :** **GROUND FAULT CIRCUIT INTERRUPTER  
WITH FUNCTIONALITY FOR RESET**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE TO FINAL  
OFFICE ACTION MAILED DECEMBER 26, 2003**

Sir:

In response to the Final Office Action mailed December 26, 2003, please amend the above-referenced patent application by canceling allowable claims 15 and 25 without prejudice, and amending claims 8, 16, 21 and 29 as shown in the listing of claims annexed hereto after the REMARKS section.



Image

Docket No. CWD-5016

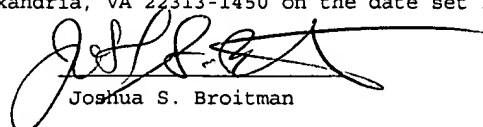
AH 2800

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February 3, 2004

Date

  
Joshua S. Broitman

Applicant(s) : Gunter A. Gallas et al.

Group : ~~6713~~

Serial No. : 09/876,156

Examiner : BENENSON, Boris

Filed : June 8, 2001

For : GROUND FAULT CIRCUIT INTERRUPTER  
WITH FUNCTIONALITY FOR RESET

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 223130-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the above-identified application is a      Preliminary Amendment;   X   Response to Examiner's Final Action;   X   Amendment;      Other (                                      ).

FEE FOR ADDITIONAL CLAIMS

  X   A fee for additional claims is not required.

     A fee for additional claims is required. The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS		LARGE ENTITY RATE		ADDITIONAL FEE
TOTAL CLAIMS:	35	-	37 *	=	0		x \$18	=	\$ 0
INDEPENDENT CLAIMS:	5	-	5 **	=	0		x \$86	=	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$115	=	0
If less than 20, insert 20. If less than 3, insert 3.						TOTAL FEE DUE	=		\$ 0

\_\_\_ Our check for payment of the additional claims fee is enclosed.  
\_\_\_ Please charge \$\_\_\_ to Deposit Account No. 15-0699 in payment of the fee. Triplicate copies of this transmittal letter are enclosed.

**CONDITIONAL PETITION FOR EXTENSION OF TIME:**

X It is hereby requested that the following extension of time and fee be applied for this Response pursuant to 37 C.F.R. 1.136(a):

Large Entity: \_\_\_ \$110 fee for response within first month;  
\_\_\_ \$420 fee within second month; \_\_\_ \$950 fee within third month.

\_\_\_ Our check for payment of the extension fee is enclosed.  
\_\_\_ Please charge the above-indicated extension fee to Deposit Account No. 15-0699. Triplicate copies of this transmittal letter are enclosed.

X The Commissioner is authorized to charge payment of any additional extension or other fee under 37 CFR 1.16 or 1.17 which may be required by this paper or credit any overpayment of same to Deposit Account No. 15-0699.

Respectfully submitted,  
OSTRAGER CHONG & FLAHERTY LLP  
Attorneys for Applicants

Dated: February 3, 2004

By: 

Joshua S. Broitman  
Reg. No. 38,006